

R: 09/12/02

FULL APPROVAL FOR
EARLY CHILDHOOD SPECIAL EDUCATION TEACHER

Note: Documentation that supports the following statements must be maintained in this candidate's file for audit purposes.

The employing school district and intermediate school district retains all responsibilities related to the accuracy of this request.

Candidate's Name: Last Name _____ First Name _____ MI _____

ISD Name: _____ ISD Code #: _____

LEA Name: _____ LEA Code#: _____

Program Category: _____ Program Category Code #: _____

Effective Date: Month ____ Date ____ Year ____

Yes No 1. This candidate holds a valid Michigan teaching certificate with at least 1 endorsement in special education (attach.)

Yes No 2. This candidate has completed a major or minor in early childhood education, or child growth and development as shown on a college/university transcript (attach).

Yes No 3. Personnel signatures by the employer and ISD.

PERSONNEL SIGNATURES:

LEA/ Employer Date

ISD Superintendent/Designee Date

Return To: _____
(ISD Contact) _____
Telephone #: _____

cc: Intermediate School District
School District
Candidate
University/College (if applicable)